HEALTH AND SAFETY PLAN

GENERAL INFORMATION	Company/Facility Name	CES Environmental Services, Inc.			
	or Site Location:	4904 Griggs Rd, Houston, Harris County, TX 77021			
	Description of Activities:	Removal Assessment/Cleanup Action			
	Date(s):	08/25/14 - Project Completion			
	Personnel:	Gary Moore, EPA R6 OSCs			
	Non-911 Emergency Phone:	Houston Police: (713) 884-3131			
z	(Direct to police, fire, and	Houston Fire: 713-884-3143			
МАТІО	hospital)	Houston Methodist: 713-441-2245			
-ORI	Site Specific Emergency				
EMERGENCY INFORMATION	Responder Procedures:				
	Medical Facilities:	Houston Methodist			
	(Name & Address)	6550 Fannin St			
		Houston, TX 77030			
	Directions to Local Medical	(see attached map with directions			
	Facilities:				
EPA RESOURCES		Name	Work Phone	Cell	
	R6 SHEMP Manager:	Kendra Gomez	(214) 665-7225	(214) 205-7643	
	Workmen's Comp Manager:	Yolanda Nixon	(214) 665-2738	(214) 402-0230	
	Supervisor:	Susan Webster 214-665-6784 214-789-26			
	Applicable JHA:				
	(attached)				
	Check Potential Hazards:	M			
	Radiation	Toxics X Fire/Exp	olosion 🔀 C	Corrosives	
	O ₂ Deficiency	Noise Physical	⊠ B	Biological	
	Dusts	✓ Noise ✓ Physical ✓ Heat/Cold Stress Other:	E	Biological	
ΤΥ			⊠ E	Biological	
SAFETY	Dusts		E	Biological	
os / SAFETY	Dusts		E	Biological	
ARDS / SAFETY	Dusts			Biological	
HAZARDS / SAFETY	Dusts Hazard Description:	Heat/Cold Stress Other:		Biological	
HAZARDS / SAFETY	Dusts Hazard Description: Safety Monitoring	Heat/Cold Stress Other: Multirae 5 gas meter or equivalent (CC), VOC,H2S,LEL,02)		
HAZARDS / SAFETY	Dusts Hazard Description: Safety Monitoring Equipment Required:	Heat/Cold Stress Other: Multirae 5 gas meter or equivalent (CO), VOC,H2S,LEL,02) . Areas with potential e	xposure to	
HAZARDS / SAFETY	Dusts Hazard Description: Safety Monitoring Equipment Required: (list equipment)	Heat/Cold Stress Other: Multirae 5 gas meter or equivalent (CO), VOC,H2S,LEL,02) . Areas with potential e hall be avoided if at all	xposure to possible. Team	
HAZARDS / SAFETY	Dusts Hazard Description: Safety Monitoring Equipment Required: (list equipment)	Multirae 5 gas meter or equivalent (CO All site safety procedures shall be followed chemical, physical and explosive hazards s members shall not enter confined spaces of), VOC,H2S,LEL,02) . Areas with potential e hall be avoided if at all r areas with potential u	xposure to possible. Team unexploded	
HAZARDS / SAFETY	Dusts Hazard Description: Safety Monitoring Equipment Required: (list equipment)	Heat/Cold Stress Other: Multirae 5 gas meter or equivalent (CO	o, VOC,H2S,LEL,02) . Areas with potential e hall be avoided if at all areas with potential ution staff shall exit and	xposure to possible. Team unexploded	

Com	pany/Facility Name or Site Location:	CES Environmental Services, Inc. Site, 4904 Griggs Rd, Houston, Harris County, TX					
	77021						
		Date(s): 8/25/2015 - Project Completion					
	This site HASP has been reviewed and constitutes the minimum anticipated safety requirements for personnel						
	engaged in field activities at this p			0/	244 700 4627		
	Project Leader:	Gary Moore		Phone:	214-789-1627		
		I certify that I have read and understand the JHA applicable to completed all required health and safety training, and possess					
		(initial)	protective equipment.				
					(1.1)		
	Team Member(s):		(signature)		(date)		
	ream member(s).		I certify that I have read and understand the JH	IA applicable t	to this HASP. have		
			completed all required health and safety training, and possess all required personal				
		(initial)	protective equipment.				
S							
			(signature)		(date)		
			· ·				
			I certify that I have read and understand the JH	A applicable t	to this HASP, have		
tion		completed all required health and safety training, and possess all required personal		ss all required personal			
ficat		(initial)	protective equipment.				
Signatures / Safety Certifications							
.y C			(signature)		(date)		
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/ Si			I certify that I have read and understand the JH completed all required health and safety training				
ıres		(initial)	protective equipment.	ng, unu posses	ss un requireu personui		
atu							
Sigr							
			(signature)		(date)		
		I certify that I have read and understand the JHA applicable to completed all required health and safety training, and posses					
		(initial)	protective equipment.				
			(signature)		(date)		
	Section Chief:	Susan Webste		Phone:	214-789-2667		
	Section Cinej.	Susaii Websie	51	Filone.	214-783-2007		
			(signature)		(date)		
	☐ Approved ☐ Disapproved						
	Health & Safety Officer:	Kendra C. Gor	mez	Phone:	(214) 205-7643		
	, , ,,	· -			,		
			(signature)		(date)		